

215050847
72705

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 275	Agency Case No. B5-112637	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 12/05/2015		TIME OF ACCIDENT 0635	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0636	Amended	
B 39	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 35TH AND YANKEE HILL		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	12/07/2015	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE	
D 3	IF AT INTERSECTION		IF NOT AT INTERSECTION			
NAME OF INTERSECTING ROADWAY		35TH AND YANKEE HILL		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H12886868		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 1	DRIVER	DUSTIN W NELSON		PHONE	N/A	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	11/05/1985	
G 4	OWNER	JEWEL FUHRER(3-23-58)		PHONE	4024645691	
H 5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB488789	
V1/O 2	LICENSE PLATE	TE NO. TWE375	YEAR 2002	MAKE Dodge	MODEL DSL	BODY STYLE Pickup truck
V2/O 3	VEHICLE	2002	Dodge	DSL	Pickup truck	gray
I 1	VEHICLE ID NO. (VIN)	1B7GG42N92S721421		INSURANCE COMPANY	NONE	
J 01	TOWED TO	TOWED BY		POLICY NO.		
VEHICLE NO. 2						
V1/P 1	DRIVER	TARA L BEU		PHONE	4025870656	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	07/06/1992	
J 01	OWNER	TAMI THEYE(1-12-72)		PHONE	4027935548	
V1/Q 4	LICENSE PLATE	PA NO. 33B404	YEAR 1996	MAKE Ford	MODEL TAG	BODY STYLE 4 door Sedan
V2/Q 1	VEHICLE	1996	Ford	TAG	4 door Sedan	beige
K 02	VEHICLE ID NO. (VIN)	1FALP52U0TG103443		INSURANCE COMPANY	PROGRESSIVE	
TOWED TO		TOWED BY		POLICY NO.	904501782	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. # 2	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 03	2 1
ASHLEY KUNATH 421 S 84TH, LINCOLN, NE 68510				03/21/1984	3 05	4 4
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	5 1	SEX F
VEH. #	NAME	ADDRESS				
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

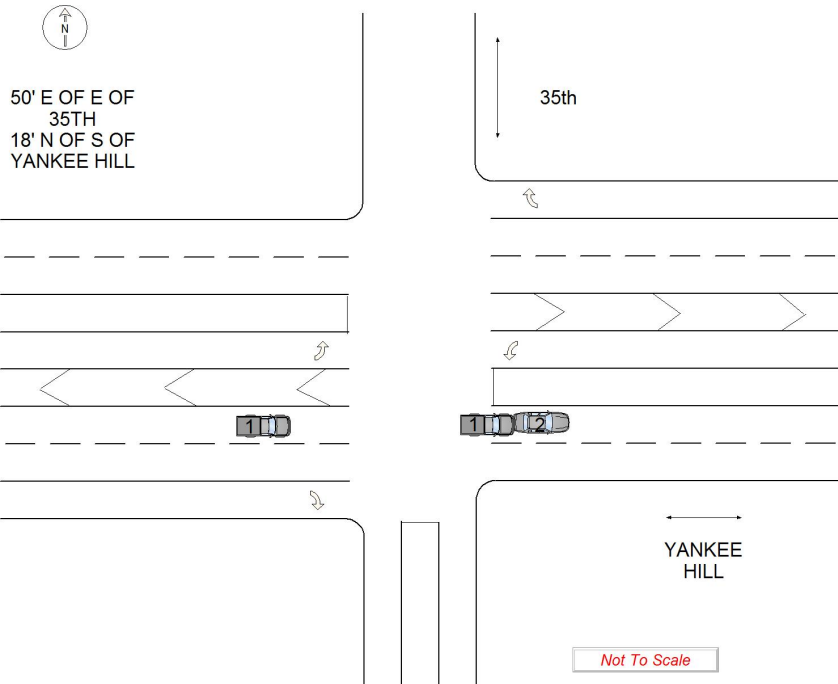
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-112637



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of veh. 1 states he was operating a motor veh. EB on Yankee Hill in the inside lane at approx. 35th. Dr. 1 states he was following veh. 2. Dr. 1 states he looked down at the radio while trying to hook his phone to the radio and before he looked back at the road his veh. struck the rear of veh. 2. Driver of veh. 2 states she was operating a motor veh. EB on Yankee Hill in the inside lane at approx. 35th. Dr. 2 states she may have slowed down but is not sure but her veh. was struck from behind by veh. 1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS														
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																					
1			X		YANKEE HILL				4		2		<table border="1" style="width:100%;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>N</td> <td>X</td> <td>N</td> <td>X</td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y	Y	N	X	N	X
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																							
Y		Y	Y																							
N	X	N	X																							
2			X		YANKEE HILL				4		2		<table border="1" style="width:100%;"> <tr> <th>ALCOHOL LEVEL TESTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>N</td> <td>X</td> <td>N</td> </tr> </table>		ALCOHOL LEVEL TESTED	Driver No. 1	Driver No. 2	N	X	N						
ALCOHOL LEVEL TESTED	Driver No. 1	Driver No. 2																								
N	X	N																								
1	01	06 Turning left			POINT OF IMPACT	01	POINT OF IMPACT	05	1 Deployed - front		1 None used - vehicle occupant		<table border="1" style="width:100%;"> <tr> <th>BAC LEVEL</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td></td> <td>1</td> <td>1</td> </tr> </table>		BAC LEVEL	Driver No. 1	Driver No. 2		1	1						
BAC LEVEL	Driver No. 1	Driver No. 2																								
	1	1																								
2	11	08 Entering traffic lane			MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	2 Deployed - side		2 Lap & shoulder belt used		<div> ALCOHOL/ DRUGS SUSPECTED </div>													
				<div> 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown </div>				<div> 02 03 04 05 06 07 08 </div>		<div> 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown </div>		<div> 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown </div>		<div> 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown </div>												
OFFICER NO. 1442					TROOP/ TEAM/ BEAT SE			DEPARTMENT Lincoln Police Department					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO													
INVESTIGATOR NAME <i>(Print or Type)</i> Reed Pavelka								INVESTIGATOR SIGNATURE Approved by Officer Reed Pavelka						DATE OF REPORT 12/07/2015												